





ARIZONA TRAFFIC ACCIDENT REPORT				REPORT ID		NCIC NO.		OFFICER'S ID NO.		Agency Report Number		
1	<b>FATAL SUPPLEMENT</b> FORWARD COPY TO ACCIDENT RECORDS ANALYSIS UNIT 064R ARIZONA DEPARTMENT OF TRANSPORTATION 206 S. 17th AVE., PHOENIX, ARIZONA 85007-3233				YEAR	MONTH	DAY	HOUR			<input type="checkbox"/> Dead at time of Investigation <input type="checkbox"/> Delayed Fatality	
2 <b>VICTIM</b>	NAME OF VICTIM				<input type="checkbox"/> DRIVER <input type="checkbox"/> PEDESTRIAN		<input type="checkbox"/> PEDALCYCLIST <input type="checkbox"/> PASSENGER		RACE		MARITAL STATUS	
	ADDRESS				CITY		STATE		MARKS, SCARS/TATTOOS			
	SEX	WEIGHT	EYES	HEIGHT	HAIR	DATE OF BIRTH		OCCUPATION				
	VICTIM REMOVED TO				VICTIM REMOVED BY							
	DESCRIPTION OF CLOTHING									MOTORCYCLE <input type="checkbox"/> YES HELMET USED <input type="checkbox"/> NO <input type="checkbox"/> UNK		
	DESCRIPTION OF PROPERTY (CONT)											
	PROPERTY IN CUSTODY OF:				NAME		ADDRESS		CITY		STATE	
	NEXT OF KIN:				NAME		ADDRESS		CITY		STATE	RELATION
	NOTIFIED		NOTIFIED BY		DATE		TIME		MEDICAL EXAMINER			
	<input type="checkbox"/> YES <input type="checkbox"/> NO											
3 <b>DRIVER</b>	NAME OF DRIVER								RACE			
	<input type="checkbox"/> SAME AS VICTIM OCCUPATION								MARITAL STATUS			
4	COMMENTS											
5	POLICE CALLED		POLICE ARRIVED		AMBULANCE CALLED		AMBULANCE ARRIVED		AMBULANCE DEPARTED			
6	MARK DAMAGED AREA(S) OF VICTIM'S VEHICLE  											
	<input type="checkbox"/> TOP <input type="checkbox"/> UNDERCARRIAGE <input type="checkbox"/> NONE <input type="checkbox"/> UNKNOWN											
7	<b>RESTRAINT USAGE / RESTRAINT FAILURE</b> ENTER SEAT POSITION											
	NONE FAILED											
	LAP FAILED											
	SHOULDER FAILED											
	BOTH FAILED											
	CHILD RESTRAINT											
	AIR BAG NOT DEPLOYED											
	PASSIVE SYSTEM											
	UNKNOWN											
	<b>IMPROPER USAGE</b> RESTRAINT PROPERLY USED											
CHILD RESTRAINT												
PASSIVE & LAP												
SHOULDER HARNESS												
8	<b>SUPPLEMENTAL DATA</b>											
	<b>ACCIDENT FIRST REPORTED BY</b> 1 <input type="checkbox"/> PERSONS INVOLVED 2 <input type="checkbox"/> PASSING MOTORIST 3 <input type="checkbox"/> POLICE 4 <input type="checkbox"/> RESIDENT BYSTANDER 5 <input type="checkbox"/> OTHER _____											
	<b>VICTIM EJECTED</b> 1 <input type="checkbox"/> NOT EJECTED 2 <input type="checkbox"/> COMPLETE 3 <input type="checkbox"/> PARTIAL 4 <input type="checkbox"/> UNKNOWN											
	<b>VICTIM EXTRICATION</b> 1 <input type="checkbox"/> NOT REQUIRED 2 <input type="checkbox"/> BY AMBULANCE ATTENDANT 3 <input type="checkbox"/> BY POLICE 4 <input type="checkbox"/> BY FIRE DEPARTMENT 5 <input type="checkbox"/> BY PASSERSBY 6 <input type="checkbox"/> OTHER _____											
	<b>ACCIDENT LOCALE</b> 1 <input type="checkbox"/> URBAN 2 <input type="checkbox"/> RURAL 3 <input type="checkbox"/> UNKNOWN											
	<b>TERRAIN TYPE</b> 1 <input type="checkbox"/> LEVEL 2 <input type="checkbox"/> HILLY 3 <input type="checkbox"/> MOUNTAINOUS											
	<b>DRUG SCREEN TAKEN</b> 1 <input type="checkbox"/> YES - TYPE _____ 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN											
	<b>DRIVER FAMILIAR WITH LOCAL</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN											
	<b>ROAD ALIGNMENT</b> 1 <input type="checkbox"/> STRAIGHT ROAD 2 <input type="checkbox"/> CURVED 3 <input type="checkbox"/> UNKNOWN											
	<b>VEHICLE TRANSMISSION</b> 1 <input type="checkbox"/> AUTOMATIC 2 <input type="checkbox"/> MANUAL 3 <input type="checkbox"/> UNKNOWN											
<b>INSP. CERTIFICATE</b> 1 <input type="checkbox"/> CURRENT 2 <input type="checkbox"/> EXPIRED 3 <input type="checkbox"/> UNKNOWN												
<b>COMPLIANCE WITH DRIVER LICENSE RESTRICTIONS</b> 1 <input type="checkbox"/> YES 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN												
<b>BLOOD ALCOHOL CONTENT</b> TEST TAKEN 1 <input type="checkbox"/> YES - TYPE _____ 2 <input type="checkbox"/> NO 3 <input type="checkbox"/> UNKNOWN												
9	OFFICER'S SIGNATURE AND ID NUMBER								AGENCY		DATE REPORT COMPLETED	

## II - FATAL ACCIDENT DIAGRAM

- ☐ Diagram is approximate and not to scale.  
☐ Diagram is scaled (Scale 1" =        ft.)

Draw diagram only on this page. Write narrative on original report or attach separate sheet.



Indicate North  
By Arrow



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<p align="center"><b>ACCIDENT DESCRIPTION</b> (Narrative)</p> <div></div>												